ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Cameron Memorial Community Hospital

City: Angola   County: Steuben   Year: **2003**

Provider Type: Critical Access

I. Inpatient Care				
Hospital Service Description	Number of Set Up Beds	Number of Discharges	Number of Patient Days	Average Charge Per Discharge
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	2	64	106	$2,538
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	15	916	2,653	$2,090
Neonatal Intermed	0	0	0	$0
Obstetrics	8	318	727	$1,347
Pediatric	0	0	0	$0

Psychiatric	0	0	0	$0
Rehabilitation	0	0	0	$0
Substance Abuse	0	0	0	$0
Swing Beds	NA	0	0	$0
Other Services	0	12	150	NA
Acute Subtotal	25	1,310	3,636	NA
Normal Newborn	8	310	615	$973

II. Outpatient Visits			
Circulatory System	173	Digestive System	800
Endocrine System	48	Injuries and Poison	86
Mental Disorder	10	Musculoskeletal	240
Neoplasms	350	Nervous	335
Respiratory	49	Urinary	170
Other/Unknown	13,452	Total Visits	15,713
Number of Visits to Emergency Department			12,974
Percent of Emergency Department Visits of Total Visits			82.6%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

N - Acute Renal Dialysis	Y - Alcohol/Drug Service	N - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractic Service
N - Coronary Care Unit	N - Dental Services	Y - Dietetic Services
Y - Emergency Service	Y - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	N - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	N - Open Heart Surgery	Y - Operating Room
N - Optometric Service	N - Organ Bank	N - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	N - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
N - Psychiatric Services	Y - Radiology(Diagnostic)	N - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

[Health Care Regulatory Services](#)   [2003 Hospital Services Main Page](#)